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Country programme document

Niger

Summary

The country programme document (CPD) for Niger is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $74,070,000 from regular resources, subject to the availability of funds, and $116,160,000 in other resources, subject to the availability of specific-purpose contributions, for the period March 2019 to December 2021.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the first regular session of 2019.

* E/ICEF/2019/1.
Note: The present document was processed in its entirety by UNICEF.

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Programme rationale

1. Niger has made progress for children in the past decade, including a drop in the under-5 mortality rate from 109 to 85 per 1,000 live births[1] between 2012 and 2017. Monetary poverty declined from 53.7 per cent in 2005 to 45.4 per cent in 2014, but remains very high, at 51.4 per cent, in rural areas (in which 84 per cent of the population live) compared with 8.7 per cent in urban areas.[2] The social protection system covers only a small fraction of families and, according to the 2016 Multidimensional Overlapping Deprivation Analysis, two thirds of children under the age of 5 years experience at least four deprivations simultaneously.

2. Niger has one of the youngest and fastest-growing (almost 4 per cent annually) populations in the world, estimated at 20.65 million in 2017, with 58.2 per cent under the age of 18 years. With the population doubling every 20 years, expanding coverage of social services while increasing quality is a core challenge.

3. The security situation has deteriorated because of violent extremist groups in Burkina Faso, Mali and north-eastern Nigeria and inter-community conflicts exacerbated by competition for natural resources, affecting the border regions of Diffa, Tillabéry and Tahoua. Security expenditures now account for 10 per cent of the already overstretched state budget. Niger is a transit country for migrants travelling within Africa and, in lower numbers, towards Europe. Climate change is increasing the frequency of floods and droughts and the country is prone to disease outbreaks. In 2018, an estimated 2.3 million people needed humanitarian assistance.

4. Social and gender norms present significant challenges for children. Adolescents and youth, particularly girls, face major constraints in fulfilling their potential: 76 per cent of girls are married before the age of 18 years and 36 per cent of adolescent girls aged 15 to 19 years have already given birth or are pregnant and only 26.9 per cent are literate versus 50.2 per cent of boys. Gender-based violence is prevalent and 59.6 per cent of women think that a man has reasons to batter his own wife.[3]

5. Access to and coverage of quality health services remains limited, highlighting the need for strengthening community health services. The leading causes of child mortality are pneumonia, diarrhoea and malaria. Neonatal and maternal mortality rates have stagnated over the past 10 years. In 2016, only 48.3 per cent of the population had access to essential health services, an increase of only 1 per cent over the past 10 years. Only 36.8 per cent of deliveries are attended by a skilled health provider. Just 38 per cent of children were fully immunized in 2017[4] due to significant vaccination dropout rates, resulting in recurring meningitis and measles epidemics, including in urban areas. The health sector suffers from chronic underfunding, inadequate infrastructure and lack of supplies, equipment and trained personnel.

6. According to 2016 data, 10.3 per cent of children are acutely malnourished. Stunting, which has consequences for a child's survival and cognitive and economic development, affects 42.2 per cent of children, down just 1.6 per cent since 2006. The number of stunted children is expected to increase by 44 per cent by 2025 owing to population growth. Yet interventions to prevent stunting remain underfunded, with no significant domestic resources, while humanitarian funds are largely dedicated to treatment of severe acute malnutrition (SAM).

[1] Inter-Agency Group for Child Mortality Estimation, 2017.
[2] World Bank, 2017.
[3] Demographic and Health Survey, 2012.
[4] Immunization coverage survey, 2017.

7. Access to improved water services increased by 7 per cent between 2012 and 2015, when 56 per cent of the population used an improved drinking water source. Access to improved sanitation increased by only 2 per cent; only 13 per cent of the population has access to basic sanitation services and open defecation is practised by 71 per cent of the population. Wide disparities persist between urban and rural areas in access to water, sanitation and hygiene services (WASH). School-age girls lack adequate menstrual hygiene management services.

8. As a result of significant investments in education since 2012, the number of children enrolled in primary school has increased by 35 per cent, which corresponds to the growth rate of the target population. Nonetheless, education levels remain exceptionally low. The preschool enrolment rate is just 7 per cent. Over 50 per cent of children aged 7 to 16 years are not in school (girls: 56.3 per cent; rural: 59 per cent). Geographic gaps in school coverage and poor retention rates remain unaddressed, quality has worsened and inequities have deepened, with the poorest children and those in rural areas least likely to attend school. Fewer than 60 per cent of primary school students enter secondary school, and although enrolment in lower secondary has nearly doubled since 2012, only 20 per cent of students complete the cycle (boys: 23.7 per cent; girls: 17 per cent). Gender parity in secondary school remains a distant objective, with a gender parity index of 0.7. Fewer than 8 per cent of children at the end of primary school have acquired acceptable literacy and numeracy skills. Safety concerns, the distance to school and child marriage prevent parents from enrolling their children.

9. The child protection system lacks quality services. Extremely low government funding (0.16 per cent of the approved budget in 2016) and the lack of coordination mechanisms between the social welfare and justice sectors undermine the ability of service providers to prevent and respond to cases of violence, exploitation and abuse. More than 80 per cent of children have experienced violent discipline, just 6 in 10 children have a birth certificate and 28 per cent of girls are married before the age of 15 years (76 per cent before age 18).[5] There is a lack of data on children working and/or living on the street and minors in contact with the law, and only unreliable information about children on the move. Adolescents, particularly teenage mothers and children with special needs, do not receive services adapted to their needs. Niger has enacted laws, policies and strategies to combat gender-based violence and promote gender equality, but competing customary norms and national laws result in ambiguities for rights holders and duty bearers. Bottlenecks to effective service coverage and implementation of child-sensitive policies in all social sectors include: (a) lack of efficiency and accountability in the allocation and use of human resources, limited human and institutional capacity and limited outreach at decentralized levels; (b) traditional, cultural and religious beliefs and practices that limit demand; (c) limited government budget allocation except in education; and (d) weak coordination, data quality and monitoring and evaluation.

Programme priorities and partnerships

10. In cooperation with the Government and in consultation with United Nations country team and partners, UNICEF has developed a programme to align with the Government's Economic and Social Development Plan 2017–2021 and the United Nations Development Assistance Framework 2019–2021, geared towards contributing to the 2030 Agenda for Sustainable Development and the United Nations Support Plan for the Sahel, framed by the UNICEF Strategic Plan, 2018–2021 and Gender Action Plan, 2018–2021; Africa's Agenda for Children 2040; and the African

[5] Demographic and Health Survey, 2012.

Union's Agenda 2063. These efforts also coincide with ongoing decentralization in the health, education, water, and environment sectors.

11. The previous country programme focused on service delivery in 32 communes, but their geographic dispersal made it difficult to achieve sustainable results at scale. The proposed country programme will shift to promoting national scale-up of successful approaches, with a focus on modelling sustainable institutional and community-based systems and approaches for the most deprived regions and population groups, including cross-border regions affected by humanitarian situations. Evidence generation will be used to identify approaches suitable for scaling up and for advocacy purposes.

12. To maximize impact, the programme will begin a strategic shift from a predominantly service-delivery mode to more-important investments in systems strengthening and capacity-building. This spirit will also permeate UNICEF humanitarian response interventions, with sustainable solutions pursued to maximize contributions to national and local development plans.

13. The necessary paradigm shift towards a prospective people-centred and decentralized model requires that UNICEF engage with partners to: (a) maximize opportunities for children through a focus on quality, equity, and sustainability issues that hinder service delivery; (b) promote local capacities, ownership, accountability and sustainability; (c) mobilize key stakeholders, notably at the decentralized and community levels; and (d) promote the empowerment of adolescents and youth.

14. The vision for the new country programme is to support the Government towards ensuring that all children, especially the most vulnerable, enjoy their rights; adolescents and youth are empowered; communities and systems are strengthened and resilient; and humanitarian assistance and development address the structural causes of fragility and vulnerability.

15. The programmatic focus will be on the whole child, and particularly on the most marginalized, such as children with disabilities, and those affected by humanitarian emergencies. A new programme component will emphasize adolescent and youth agency and participation, and a special focus on adolescents will thread across programmatic areas. UNICEF will increase efforts to support families to delay the age of marriage of their children, including through a strengthened emphasis on girls' education. Special attention will be given to adolescent health, particularly for adolescent mothers and their children.

16. UNICEF aims to accelerate progress in four high-impact areas of results for children:

(a) Quality education: ensuring that interventions to improve learning outcomes reach girls and boys;

(b) Immunization: improving coverage to reach children not covered by routine immunization, with immunization serving as an entry point for health systems strengthening in all areas;

(c) Addressing child marriage: promoting positive social norms and prevention and care policies and services;

(d) Stunting prevention: improving feeding practices, hygiene and sanitation and treating SAM in children under the age of 5 years.

17. The country programme will promote prospective and child- and youth-centred social and intergenerational dialogue by involving multiple stakeholders, promoting innovation and fostering partnerships with United Nations agencies and other development partners, the media, researchers, academics, the private sector,

traditional and religious leaders, civil society, women- and youth-led organizations, youth role models and social change leaders.

18. At the national level, UNICEF will engage in policy dialogue with the Government to support sector-wide approaches, effective multisectoral coordination and the convergence of programmatic approaches, while mainstreaming equity, risk and gender dimensions in planning and implementation. UNICEF will seek to deepen understanding of the cultural and socioeconomic determinants of gender inequality through research and community dialogue. It will provide technical support to enhance national capacities to address emerging issues affecting children's rights, such as migration and forced displacement, in a way that promotes a protective environment for all children and fosters social cohesion.

19. UNICEF will support the national strategy on decentralization in the health, WASH and education sectors through capacity-building for gender-responsive, evidence-based and inclusive planning, programming, monitoring and social accountability. UNICEF will operate at the subnational level, particularly in the regions of Agadez, Diffa, Maradi, Tillabéry, and Zinder, which have the greatest number of children who are multidimensionally deprived, affected by emergencies or otherwise marginalized. In crisis-affected regions, the focus will be on interventions that bridge humanitarian assistance and development through emergency preparedness and response and outreach strategies to extend social services while promoting social cohesion, local capacities and sustainable solutions.

20. UNICEF will implement the common chapter of the strategic plans of the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), UNICEF and the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), with a focus on adolescent and maternal health, data for sustainable and equitable development, gender equality and women's empowerment, working with UNFPA and UN-Women to prevent child marriage and support the adoption of equitable gender norms and with UNDP to promote youth voices in communities.

Health

21. To sustain child survival gains and close quality and equity gaps, the programme will support the Government to: (a) increase the coverage and quality of maternal, newborn, child and adolescent health services, particularly in the most deprived, underserved areas, including those affected by emergencies; (b) strengthen routine immunization nationwide, with renewed emphasis on urban areas; and (c) expand community health services, including through demand creation and the empowerment of caretakers and communities through social and behavioural change communication. Efforts will continue towards the prevention of mother-to-child transmission of HIV and the treatment of paediatric HIV, to maintain and reduce the already low prevalence of HIV/AIDS (0.4 per cent).

22. At the national level, UNICEF will support strengthened political commitment, accountability and capacities to expand health interventions through increased government budgets in support of universal health coverage. Efforts will focus on leveraging government resources and partnerships for sustainable health systems through the health basket fund, with the Global Fund to Fight AIDS, Tuberculosis and Malaria and the World Bank on supply chain management and with Gavi, the Vaccine Alliance on immunization.

23. UNICEF will advocate for a multi-stakeholder platform for community health and the integration of community-based data and supplies into the health system. Critical to success will be the national roll-out of the integrated community case

management programme, along with the community health worker programme and the implementation of the sustainable incentives mechanism. In areas affected by emergencies, UNICEF will provide technical assistance and capacity-building to support the continuity of health services and preparedness and response to disease outbreaks.

Nutrition

24. The programme will support the Government to improve the availability and use of quality high-impact nutrition interventions in the first 1,000 days of life, with a focus on preventing stunting and wasting through the development of effective, replicable, sustainable and integrated models of service delivery at the facility and community levels. The programme will support the Government to implement the national strategy on nutrition through multisectoral partnerships, advocacy for increased government resource allocations and strengthened national, regional and district capacities for planning, integration and service delivery.

25. UNICEF will facilitate a shift to systems strengthening to support government ownership and management of nutrition services, including the sustainability of SAM treatment via government self-financing, increased contributions from development partners, and a strengthened supply chain for essential nutrition commodities. It will mobilize support for the Government to initiate nutrition services for adolescents, in accordance with the national multisectoral adolescent health strategy.

26. The programme will support context-specific community and political-level dialogue and social mobilization to address negative social norms and create demand, working closely with United Nations agencies, the "Nigeriens Nourish Nigeriens" initiative, the nutrition working group, national, regional and district-level authorities and technical groups, civil society and grass-roots associations, the private sector and religious and traditional leaders and healers.

Water, sanitation and hygiene

27. Working closely with the Ministry of Water and Sanitation, key sector donors, non-governmental organizations, municipalities, the private sector and community-based organizations (CBOs) and participating in the water and sanitation basket fund, UNICEF will promote access to safe drinking water and sanitation facilities, especially for the most vulnerable and those affected by crises.

28. Critical to success will be the operationalization and financing of the water and sanitation development plan and strengthening municipal capacities to implement the decentralized governance of water services. The programme will work to change social norms and behaviours of individuals and communities so that they take responsibility for ending open defecation and maintaining good hygiene and sanitation practices.

29. The country programme is aimed at strengthening the capacities of municipalities, users' associations and private operators to effectively manage piped systems and generate increased resources for the sector. UNICEF will support the scaling-up of the delegated management of water systems through public-private partnerships and promote real-time monitoring of the functionality of the water points. UNICEF will also support adaptive and resilient WASH systems by strengthening the capacities of municipalities and communities to integrate climate risks into water and sanitation interventions.

Education

30. The programme will support the Government to improve access to quality education for all children, particularly girls, the most vulnerable and those living in crisis situations, including in the second decade of life. Interventions to improve the quality of education will focus on strengthening the monitoring of student learning and improving the pedagogical and leadership capacities of principals and teachers to improve teaching practices.

31. Critical to success will be boosting ministerial capacities, especially at the decentralized levels, to better collect and use data for planning and monitoring and to operationalize strategies on girls' education, alternative education for out-of-school children and skills training for youth. Innovative approaches will be modelled and documented for evidence generation and advocacy for scale-up. Behavioural and social change interventions, including community mobilization, will be aimed at generating demand for early childhood and girls' education.

32. At the national level, UNICEF will advocate for greater efficiency and accountability of the government budget allocated to education and contribute to strengthening capacities to implement the education sector plan at central and decentralized levels. UNICEF will leverage partnerships for quality and inclusive education through the Education Common Fund.

Child protection

33. The programme will support a holistic approach to strengthening child protection systems, promoting the alignment and coordination of approaches through national ownership and leadership. It will support the Government in establishing a multisectoral platform to ensure greater complementarity of actions and more efficient use of human and financial resources to implement and monitor child protection strategies. This will entail capacity-building and technical support for the implementation of the national child protection framework and the national action plan on ending child marriage.

34. In partnership with governmental actors, United Nations agencies and civil society, UNICEF will work to strengthen child protection information systems and case management. It will focus on the functioning of judicial and social services, including birth registration at the decentralized level, while improving information systems, so that vulnerable children, including children on the move, those in contact with the law and those in emergencies, are better protected against violence and abuse. The programme will support national and community efforts to address harmful gender norms and prevent child marriage through community mobilization and work with adolescents, religious and traditional leaders, community and women's organizations and schools.

Social inclusion

35. To reduce inequalities and multidimensional child poverty, the programme will leverage partnerships with the World Bank and other partners to: (a) boost budget transparency and accountability, and advocate for greater budget allocations for social sectors; (b) promote inclusive planning and budgeting and bottom-up accountability mechanisms in the education, health and water sectors, building on the ongoing public finance and decentralization reforms; (c) strengthen the capacity of youth and women's organizations to claim rights and hold decision makers accountable; and (d) strengthen capacities for quality, integrated data collection and user-friendly data analysis and dissemination in support of the country's statistical systems at the central and decentralized levels, and contribute to the use of data and research to advocate

for equitable child-centred policies through forward-looking development scenarios. The programme will contribute to increasing children's access to sustainable social protection interventions by supporting an intergenerational dialogue and social mobilization for a social protection system grounded in traditional solidarity mechanisms benefiting vulnerable children.

Adolescents and social norms

36. The programme will support positive changes in behaviour and social norms to protect youth, particularly girls, in their communities and families, and will promote their voices and agency in key planning and decision-making arenas. UNICEF will work to connect young people to decision makers and influencers, so that their participation in society translates into positive change in policies, practices and attitudes. It will support participation spaces and processes that are inclusive and accessible, particularly for young mothers.

37. Through partnerships with CBOs, traditional and religious leaders, national and local influencers and the media, UNICEF will promote social norms, beliefs and attitudes that are protective of children's rights and empowering for youth and enhance youth participation and inter-generational dialogue.

Programme effectiveness

38. UNICEF will support programme results through coordination, communication, planning and monitoring with a gender and equity focus, including through a subnational presence. The country programme will strive for innovation and promote resilience in all programmatic areas and follow a risk-informed approach at all stages. Integrated approaches will be documented to identify conditions for scale-up and investment. External communication and communication for development will support all programme interventions.

Summary budget table

Programme component	*(In thousands of United States dollars)*		
	Regular resources	*Other resources*[a]	*Total*
Health	11 700	36 477	48 177
Nutrition	9 900	13 500	23 400
Water, sanitation and hygiene	6 750	17 535	24 285
Education	9 300	13 500	22 800
Child protection	8 100	16 048	24 148
Social inclusion	1 800	1 800	3 600
Adolescents and social norms	3 150	3 500	6 650
Programme effectiveness	23 370	13 800	37 170
Total	**74 070**	**116 160**	**190 230**

[a] An additional $15 million to $20 million per year in other resources-emergency is expected.

Programme and risk management

39. This CPD outlines UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

40. UNICEF contributions to United Nations Development Assistance Framework outcomes will be examined within the coordination mechanism co-chaired by the Government and the resident coordinator. The planning and monitoring of the country programme will be coordinated with sectoral line ministries and departments responsible for implementation of programmes, and with decentralized authorities at the local level.

41. To mitigate risks related to security, UNICEF will increase arrangements with local civil society implementing partners. For risks related to the accountability of partners, institutional capacity-building approaches, partnerships with CBOs and field presence will be strengthened. Regarding risks of uncertain funding, the resource mobilization strategy will be revised to focus on underfunded areas, and resource-intensive service delivery interventions will be progressively decreased, moving towards leveraging partnerships to scale up proven approaches.

Monitoring and evaluation

42. The performance of UNICEF programmes will be assessed by monitoring inputs and outputs against agreed benchmarks. The programme's contribution to the removal of key bottlenecks to equitable access to quality services, as well as key assumptions and risks, will be examined with the Government and partners upon midyear and annual reviews, following which adjustments may be made.

43. Three key evaluations, on community-based approaches, education and ending child marriage programming, will be used to enable evidence-based decision-making.

44. Field monitoring visits with Government, development partners and right-holders will verify results achieved.

45. UNICEF will work with other United Nations agencies, the European Union and the World Bank to strengthen data systems. A multiple indicator cluster survey will be conducted in 2020.

Annex

Results and resources framework

Niger – UNICEF country programme of cooperation, March 2019 – December 2021

Convention on the Rights of the Child: articles 2–10, 12–13, 18–20, 22–29, 31–32, 36–37 and 39–40 **Sustainable Development Goals** 1, 2, 3, 4, 5, 6, 10, 11, 13 and 16 **National priorities:** Economic and Social Development Plan 2017–2021 (pillars 1, 2 and 4)
United Nation Development Assistance Framework outcomes involving UNICEF: By 2021: 2. Management of statistical data at all levels, cross-border and community security and judicial systems are improved with institutions capable of leading democratic processes and local authorities capable of meeting specific needs of the most vulnerable groups. 3. Women and youth/adolescents in targeted areas benefit from viable economic opportunities, skills and competencies for empowerment, participate in decision-making processes and the promotion of practices aimed at eliminating harmful practices including child marriage. 4. The most vulnerable populations, especially girls and boys in targeted areas, use equitable quality educational and training services, formal and non-formal, in a protective environment. 5. Populations in targeted areas, particularly women, children and adolescents, use quality health, sexual and reproductive health, HIV/AIDS, nutrition, water, sanitation and hygiene (WASH) services. **Outcome indicators measuring change that reflect UNICEF contribution** Live births attended by skilled health personnel; percentage of pregnant women living with HIV with lifelong access to antiretroviral therapy (ART) for the prevention of mother-to-child transmission of HIV and for their own health Prevalence of stunting; prevalence of global acute malnutrition Percentage of the population using basic water service; percentage of the population practising open defecation Percentage of women and girls victims of gender violence; number of communities having declared the elimination of traditional harmful practices, including child marriage; percentage of children under the age of 5 years with birth certificates Third grade students achieving minimum competency levels in reading and mathematics at end of primary education cycle; gross enrolment rate in preschool; percentage of children aged 7 to 16 years out of school Incidence of multidimensional poverty Proportion of the population living below the national poverty line
Related UNICEF Strategic Plan, 2018–2021 Goal Areas: 1–5

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (in thousands of United States dollars)*		
					RR	*OR*	*Total*
1. Women and children, including the marginalized and those living in humanitarian situations, have access to and use high-impact health and HIV interventions from pregnancy to adolescence.	1.1 Live births attended by skilled health personnel (doctor, nurse, midwife or auxiliary midwife) B: 29.3% Demographic and Health Survey (DHS), 2012 T: 50%	Multiple cluster indicator survey (MICS)/DHS	1. Health facilities in intervention areas have increased capacity to deliver high-impact health interventions targeting pregnant and lactating women, newborns, children and adolescents, including in emergencies. 2. Health facilities in intervention areas, including urban areas and humanitarian situation, have increased capacity to provide equitable, quality and integrated immunization services. 3. Community health workers and other community actors have improved capacity to ensure adoption of essential family practices and timely use of curative care by mothers, caregivers, families and communities in intervention areas.	Ministry of Health; Health Partners Group; Islamic Development Bank (IDB); Bill and Melinda Gates Foundation; Global Fund to Fight AIDS, Tuberculosis and Malaria; Gavi, the Vaccine Alliance; French Agency for Development (AfD); Government of China; Civil society organizations (CSOs)	11 700	36 477	48 177
	1.2 Children (12–23 months) receiving diphtheria/tetanus/pertussis -containing vaccine at the national level B: 81% (World Health Organization (WHO)/UNICEF estimates of national immunization coverage (WUENIC) 2017) T: 90%	WUENIC					
	1.3 Children (0–59 months) with diarrhoea receiving oral rehydration salts and zinc B: NA T: 50%	MICS/DHS					
2. Children, adolescents and women, especially the most vulnerable and those affected by shocks, have increased access to and the utilization of promotional, preventive and curative nutrition services.	2.1 Prevalence of stunting among children (0–59 months) B: 42.2% (Standardized Monitoring and Assessment of Relief and Transitions (SMART) survey, 2016) T: <40%	SMART survey; MICS/DHS	1. The High Commission for the "Nigeriens Nourishing Nigeriens" initiative and the technical services of ministries involved in the National Nutritional Security Policy have improved capacities to enact and disseminate nutrition policies, coordinate and monitor their implementation and mobilize financial resources. 2. Health facilities have strengthened capacity to provide	Ministry of Health; Directorate of Nutrition; High Commission for Nutrition; health districts; CSOs; European Union; Governments of the United States	9 900	13 500	23 400
	2.2 Prevalence of acute malnutrition among children (0–59 months)	SMART survey; MICS/DHS					

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
	B: 10.3 % (SMART survey, 2016) T: <10%		quality preventive and curative nutrition services in a sustainable way, including in humanitarian situations. 3. Community actors have improved capacity to provide quality nutrition-promotion and counselling services to adolescents and women of childbearing age, especially those marginalized and in humanitarian situations.	of America; Spain; Italy; Germany; Norway; and the Netherlands; National technical group for nutrition; World Food Programme; Food and Agricultural Organization of the United Nations; International non-governmental organizations (INGOs)			
	2.3 Percentage of infants (0–5 months) who are exclusively fed with breast milk B: 23% (DHS, 2012) T: 35%	SMART survey; MICS/DHS					
	2.4 Anaemia prevalence among women (15–49 years) B: 46% (DHS, 2012) T: 38%	MICS/DHS					
3. Girls and boys, especially the most vulnerable, and those in humanitarian situations, use safe and clean drinking water and sanitation services in a clean and safe environment and adopt appropriate hygiene practices.	3.1 Percentage of the population using basic water services B: 46% (WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation (JMP), 2017) T: 54%	JMP	1. Municipalities, private operators, NGOs and community-based management structures have improved capacity to equitably provide WASH services at the community level, in schools and in health facilities, including in humanitarian situations. 2. Households and communities, including those in humanitarian situations, have increased capacity to adopt behaviours conducive to improving WASH practices. 3. WASH sector actors have enhanced capacities to plan, coordinate, implement, monitor and evaluate WASH interventions, taking into account national standards, climate	Ministries of Water and Sanitation, Health, and Humanitarian Action; Health districts; WASH Cluster; CSOs; private sector; Governments of Denmark and Switzerland; Netherlands Development Organization; AfD; Luxembourg Agency for Development	6 750	17 535	24 285
	3.2 Percentage of the population practising open defecation B: 71% (JMP, 2017) T: 50%	JMP					
	3.3 Number of people in humanitarian situations who have access to	WASH cluster database					

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
	improved sources of drinking water B: 635,394 (2017) T: 900,000		change and humanitarian situations.	Cooperation (LuxDev); United Kingdom of Great Britain and Northern Ireland Department for International Development (DfID); IDB; World Bank; European Union; INGOs			
4. School-aged girls and boys, especially the most vulnerable, those affected by crises or those living in rural areas, acquire fundamental knowledge and instrumental skills necessary for life in a safe, protective and inclusive school environment.	4.1 Proportion of children and adolescents (7–16 years) out of school B: 53% (total) Girls: 56.3%, Boys: 50.1%; Primary: 50%, Secondary: 59% (survey on out-of-school children and adolescents, 2017) T: 48%; Girls: 50%, Boys: 46%	MICS/DHS	1. Families, communities and municipalities have enhanced capacities to promote enrolment, retention and protection of children in school, especially girls, and those affected by crises. 2. Actors in basic, non-formal education and vocational training have enhanced capacities for quality teaching/learning and providing a safe and protective environment. 3. Education system managers have capacities and tools for better decentralized management of equitable and quality education services, including in humanitarian situations.	Ministries of Primary Education and Secondary Education; vocational training; Global Partnership for Education; World Bank; LuxDev; AfD; Swiss Agency for Development and Cooperation; Japan International Cooperation Agency; United States Agency for International Development (USAID);	9 300	13 500	22 800
	4.2 Percentage of Grade 6 students who reach the minimum threshold in reading and math B: 27% reading, 28% math (2011) T: 43% reading, 45% math	National Evaluation of Learning					
	4.3 Gender parity index for the primary education completion rate B: 0.86 (2017) T: 0.92	Ministry of Primary Education Statistical Yearbook					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
				Governments of Denmark, Norway and the United Kingdom; European Union; INGOs			
5. Children, especially the most vulnerable, including girls and those in humanitarian situations, are protected from violence, abuse, exploitation and child marriage within their families and communities.	5.1 Percentage of women (20–24 years) married before age 18 B: 76.3% (DHS, 2012) T: 72%	MICS	1. National institutions in charge of child protection and civil registration have increased capacity to plan and implement policies with improved coordination and information management. 2. Child protection actors have enhanced capacity to prevent, detect, refer, monitor and document cases of violence, abuse and exploitation. 3. Traditional and religious leaders, parents and communities, including adolescents in target areas, have increased knowledge and capacity for the adoption of practices and behaviours conducive to birth registration, protection of children against abuse, violence and exploitation and abandonment of child marriage, including in humanitarian situations.	Ministries of Child Protection, Justice and Civil Registration; CSOs; defence and security forces; United Nations agencies; DfID; European Union; LuxDev; Governments of Japan and Switzerland; INGOs	8 100	16 048	24 148
	5.2 Percentage of children under five years of age whose births have been registered with a civil authority B: 64% (DHS, 2012) T: 75%	MICS					
	5.3 Percentage of children under five years of age experiencing harsh discipline at home B: 25.5% (DHS, 2012) T: 20%	MICS					
	5.4 Number of girls and boys who have experienced violence reached by health, social or justice/law enforcement services B: 12,836 (2017) T: increased by 10%	Annual review reports					
6. The most marginalized children, adolescents and young people	6.1 Number of children living in poverty B: 5,733,613 (2017) T: 5,500,000	National Institute of Statistics poverty reports	1. Key actors in decentralization and public finance reforms have increased capacities in programme budgeting, social	Ministries of Planning, Community Development,	1 800	1 800	3 600

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars) RR	OR	Total
benefit from evidence-based social and economic policies and social protection programmes that address multidimensional poverty and advance the equitable realization of their rights.	6.2 Percentage of children covered by Government-led social protection programme B: 5.2% (2014) T: 8%	Ministry of Social Protection report	accountability and advocacy to allocate more resources to social sectors and child-focused services. 2. Ministries in charge of social protection and municipal authorities have increased capacity to support social protection mechanisms based on solidarity and social safety nets adaptive to shocks in targeted areas. 3. The National Statistics Institute and statistical actors at social ministries at the central and decentralized levels in targeted areas have increased capacity to produce, disseminate and use data for advocacy, planning, monitoring, evaluation and accountability.	Finance, Population and Social Protection; decentralized planning directorates; National Institute of Statistics; Prime Minister's Office; World Bank; USAID; United Nations agencies; CSOs; INGOs			
	6.3 Percentage of government budget allocated to social sectors B: 30% (2017) T: 33%	Ministry of Finance report					
7. The most deprived adolescents and youth are empowered to become social change agents towards creating an equitable, inclusive and peaceful society.	7.1 Number of adolescent girls and boys who participate in or lead civic engagement initiatives B: 0 T: 3,000	NGO reports	1. Adolescents and youth have increased capacity to engage in positive social change in targeted areas. 2. Adolescents and young people, especially girls, have enhanced capacity for citizen engagement in decision-making bodies in targeted areas.	Ministries of Community Development, Youth and Child Protection; World Bank; United Nations agencies; CSOs; INGOs	3 150	3 500	6 650
	7.2 Percentage of municipalities having youth councils as an integral part of their planning structure, with protocols of cooperation B: 0% T: 40%	Ministry of Community Development					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
8. The country programme meets quality programming standards.	8.1 Percentage of programme results annually on track or achieved B: 67% T: 85%	Results Assessment Module database	1. UNICEF staff and partners are provided with guidance and tools to effectively carry out advocacy and communication for development. 2.UNICEF staff and partners assess performance at biannual programme reviews.	Government partners; CSOs	23 370	13 800	37 170
	8.2 Integrated monitoring and evaluation research plan (IMERP) implementation rate B: 44% (2017) T: 80%	IMERP					
	8.3 Number of public advocacy initiatives by stakeholders on child rights and equity issues supported by UNICEF B: 0 (2018) T: 3	Annual reports					
Total resources					**74 070**	**116 160**	**190 230**